

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212519074		
1.) CORPORATION NAME: DUE DATE: 6/30/2012 American Association for Health Freedom				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JONATHAN EMORD 11808 WOLF RUN LANE CLIFTON, VA 20124		SCC ID NO: 05233507 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED			
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY				
4.) STATE OR COUNTRY OF INCORPORATION: VA				
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 6931 Arlington Rd Suite 304 CITY/ST/ZIP: Bethesda, MD 20814 </div>				
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.				
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HUNTER LEWIS PRESIDENT 1531 RUGBY RD CHARLOTTESVILLE, VA 22903	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBBAN SICA MD SECRETARY 370 BOSTON POST RD ORANGE, CT 06477-3534	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JONATHAN LIZOTTE TREASURER 68 OLD DIKE RD TRUMBULL, CT 06611	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEANNE DRISKO CHAIRMAN UNIVERSITY OF KANSAS MEDICAL CTR 3901 RAINBOW BLVD, MAILSTOP 1017 KANSAS CITY, KS 66160	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HARRY PREUSS MD DIRECTOR 4000 RESERVOIR ROAD NW WASHINGTON, DC 20057	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Deborah Ray VICE PRESIDENT 2231 Belleair Rd. P.O. Box 17879 Clearwater, FL 33762	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Robert Beiswenger Consumer Advo 498 Newell Drive Huntingdon Valley, PA 19006	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Meleni Aldridge DIRECTOR The Atrium, Curtis Road Dorking, Surrey RH4 1XA, GB	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Robert Verkerk DIRECTOR The Atrium, Curtis Road Dorking, Surrey RH4 1XA, GB	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Gretchen DuBeau EXEC DIRECTOR 5120 Strathmore Ave North Bethesda, MD 20814	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Ronald Hoffman DIRECTOR 776 Sixth Avenue Suite 4B New York, NY 10001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ Gretchen DuBeau SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Gretchen DuBeau, EXEC DIRECTOR PRINTED NAME AND CORPORATE TITLE	5/22/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			